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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004											4	Application of Doctor Number			
APPLICATION AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OT R SM/	OTHER THAN SMALL ENTITY		
Ŀ	, FOR	NUMBER FILED			NUMBER EXTRA			RATE (1)				_			
	ASIC FEE 7 CFR 1.16(0), (6		Ņ/A .			. N/A	\neg	N/A	150.00		RATE ()	300.00		
8	SEARCH FEE (37 CFR 1 16(N, (1), or (m))		· N/A			N/A.		\dashv	· NA		4	, N/A	N/A 3		
€:	MINATION F	N/A .			1 N/A		- .	·	\$250	4	N/A				
To	TAL CLAIMS	<u> </u>						N/A	\$100	_	N/A		\$200		
	OFR 1.16(1)). DEPENDENT (minu	20 =	• •			X\$ 25 ·		. OF	X\$50	-			
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FE	PLICATION SI E CFR 1.16(6))	ZE ·	If the specification and drawings sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or traction th 35 U.S.C. 41(a)(1)(G) and 37 CF				size fee due or each thereof. See		·					÷	
ML	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))								+180=			+360=	+	:	
• H	If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1		\dashv	:	
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٠	·		umn 1)			lumn 2)	(Column 3)		SMALL	ENTITY	OR	OTHE SMAL	ERT	HAN	
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ş	Application Size Fee (37 CFR 1.16(s))								N'		OR		-{	/	
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٦	Y	COL	UMS		(Colu	umn 2)	(Column 3)	-					_ /		
		AF	UNING TER OMENT		PREVIO PAID	BER SUSLY	PRESENT EXTRA	١,	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)		ADDI- TIONAL	
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ξſ.	Application Size Fee (37 CFR 1.16(s))							-			OR '	7200 a			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(II))								+180=		OR	+360=			
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•	If the entry in o	olumn 1 le	the artic	in a-t		A	OD'L FEE		OR	ADD'L FEE	٠. ٠	1			
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.